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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/659,845			ing Date 11/2003	To be Mailed	
APPLICATION AS FILED — PART I  (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY													
	FOR	N	UMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	750	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		20 minus 20 =		• 0			x \$ =		OR	X \$18 =	0	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	3 minus 3 =		• 0			x \$ =			X \$84 =	0	
□APPLICATION SIZE FEE (37 CFR 1.18(s))  If the specification ar sheets of paper, the is \$250 (\$125 for sm additional 50 sheets 35 U.S.C. 41(a)(1)(C						n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												750	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		ı	TOTAL	750	
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT													
AMENDMENT	08/07/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 19	Minus	* 21		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus			=		x \$ =		OR	x s =		
	Independent (37 CFR 1/16(h))	•	Minus	*				x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))												
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
.,,										OR	TOTAL ADD'L FEE		
** 16	If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For M THIS SPACE is less than 20, enter" 20".  If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3".  He "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS